

**102104T4COH**

**COMMUNITY HEALTH WORKER LEVEL 4**

**HE/OS/CH/CR/02/4/A**

**Conduct Community-Based Healthcare**

**July/August 2023**



**TVET CURRICULUM DEVELOPMENT, ASSESSMENT AND CERTIFICATION  
COUNCIL (TVET CDACC)**

### **OBSERVATION CHECKLIST**

#### **INSTRUCTIONS TO THE ASSESSOR**

1. You are required to mark the practical as the candidate performs the tasks.
2. You are required to take video clips at critical points.

## OBSERVATION CHECKLIST

| <b>Candidate's name &amp; Registration No.</b>  |                        |                       |                 |
|---|------------------------|-----------------------|-----------------|
| <b>Assessor's name &amp; Reg. code</b>  |                        |                       |                 |
| <b>Unit(s) of Competency</b>  |                        |                       |                 |
| <b>Venue of Assessment</b>  |                        |                       |                 |
| <b>Date of assessment</b>   |                        |                       |                 |
| <i>(Indicate the marks available and marks obtained respectively. Award marks appropriately as guided in the items for evaluation indicated. Give a brief comment where necessary)</i>  |                        |                       |                 |
| <b>Items to be evaluated:</b>   | <b>Marks allocated</b> | <b>Marks obtained</b> | <b>Comments</b> |
| <b>1. Dressed in;</b><br>i. Lab coat<br>ii. Closed shoes<br><i>(Award 2 marks if well-groomed or 0 if not)</i>  | <b>1</b>               |                       |                 |
| <b>2. Introduced;</b><br>i. Self;<br><i>(Award 1 marks for each or 0 if not)</i>  | <b>1</b>               |                       |                 |
| <b>3. Shared objectives;</b><br><i>(Award 1 marks for each or 0 if not)</i>   | <b>1</b>               |                       |                 |
| <b>Explained examples of mental health</b>  |                        |                       |                 |
| <b>4. Explained the following examples;</b><br>i. <b>Depressive disorder:</b> Extreme levels of sadness.<br>ii. <b>Eating disorder:</b> Extreme emotions towards food and weight.<br>iii. <b>Schizophrenia:</b> Episodes of psychosis characterized by delusions and hallucinations.<br>iv. <b>Bipolar disorders:</b> Extreme episodes of | <b>2</b>               |                       |                 |

|   |  |  |  |
|---|--|--|--|
| mania/moods.<br>v. <b>Anxiety disorder:</b> Extreme fear of anticipation of future danger or misfortune<br><i>(Award 1 for mentioning and 1 mark for each class explained or 0 if not)</i>  | <b>2</b>                                     |  |  |
| <b>Mentioned Causes of Metal disorders.</b>   |  |  |  |
| <b>5.</b> Mentioned the following causes;<br>i. Genetic causes<br>ii. Behavioral cause<br>iii. Environmental Causes<br>iv. Congenital Causes<br><i>(Award 1 mark for mentioning each cause or 0 if not)</i>   | <b>1</b><br><b>1</b><br><b>1</b>             |  |  |
| <b>Mentioned symptoms of mental disorders.</b>  |  |  |  |
| <b>6.</b> Mentioned the following symptoms;<br>i. Feeling sad<br>ii. Confused thinking<br>iii. Low concentration levels<br>iv. Extreme fears and worries<br>v. Extreme changes in moods<br>vi. Sleeping disorders<br>vii. Social withdrawal<br>viii. Suicidal thoughts<br>ix. Violence and hostility<br>x. Changes in eating habits<br><i>(Award 1 mark for each correct point or 0 if not<br/>MAX=4points) (1*4=4)</i> | <b>1</b><br><b>1</b><br><b>1</b><br><b>1</b> |  |  |
| <b>Trained on preventive measures for mental disorders</b>  |  |  |  |
| <b>7.</b> Explained the preventive measures for mental health problems;   |  |  |  |

|   |   |  |  |
|---|---|--|--|
| <ul style="list-style-type: none"> <li>i. Reaching high-risk groups</li> <li>ii. Reaching youth outside school</li> <li>iii. Building family bonds</li> <li>iv. Empowering communities</li> <li>v. Counselling</li> </ul> <p><i>(Award 2 marks for each correct explanation or 0 if not MAX=3points) (2*3=6)</i></p>  | <p><b>2</b></p> <p><b>2</b></p> <p><b>2</b></p> |  |  |
| <b>Management options for patients with mental health.</b>  |   |  |  |
| <p><b>8.</b> Mentioned management options for mental health patients;</p> <ul style="list-style-type: none"> <li>i. Anti-anxiety medications:</li> <li>ii. Psychosocial support</li> <li>iii. Rehabilitation</li> <li>iv. Mental health assessment for adolescents</li> </ul> <p><i>(Award 1 mark for each correct management option mentioned or 0 if not)</i></p> | <p><b>1</b></p> <p><b>1</b></p> <p><b>1</b></p> |  |  |
| <p><b>9.</b> Engaged the audience</p> <ul style="list-style-type: none"> <li>✓ Asked questions.</li> </ul> <p><i>(Award 1 mark for each item or 0 if not)</i></p>   | <b>1</b>  |  |  |
| <p><b>10.</b> Summarized the presentation;</p> <p><i>(Award 1 mark for each item or 0 if not)</i></p>   | <b>1</b>  |  |  |
| <p><b>11.</b> Conclusion</p> <ul style="list-style-type: none"> <li>✓ Thank the audience</li> </ul> <p><i>(Award 1 mark for each correct response or 0 if not)</i></p>  | <b>1</b>  |  |  |
| <b>TOTAL</b>  | <b>31</b>                                       |  |  |

**ASSESSMENT OUTCOMES**

The candidate was found to be:

Competent

Not yet competent

*(Please tick as appropriate)*

*(The candidate is competent if s/he gets 50% or higher)*

**Feedback from candidate:**

**Feedback to candidate:**

Candidate's signature:

Date:

Assessor's signature:

Date:

***THIS IS THE LAST PAGE***